

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Re-Elect Janace Harvey-GoreeAddress P. O. Box 1737, Canton, MS 39046Telephone (769) 243-0372 Fax (469) 342-8188Treasurer Melisha Goree Email kgoree9778@aol.com☐ Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- X November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- X Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =		This Period	Calendar Year-To-Date
Total amount of contributions	\$ -0-	+\$ -0-	\$ -0-	\$ 2331.20
Total amount of disbursements	\$1502.44	+\$ 157.56	\$1660.00	\$ 2331.20
Total amount of cash on hand			\$ -0-	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2818.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Re-Elect Janice Harvey-Gore
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>NATIONAL PEN</u>	Date (Mo., Day, Year) <u>11/1/10</u>	Amount of each disbursement this period \$ <u>906.70</u>
Mailing Address		
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>HOST GATOR.COM</u>	Date (Mo., Day, Year) <u>11/1/10</u>	Amount of each disbursement this period \$ <u>157.56</u>
Mailing Address		
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>OFFICE DEPOT</u>	Date (Mo., Day, Year) <u>11/3/10</u>	Amount of each disbursement this period \$ <u>295.74</u>
Mailing Address		
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>WEBSITE DESIGN & DEVELOPMENT / 3G</u>	Date (Mo., Day, Year) <u>10/29/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address		
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,660.00</u>